

Hospital, persons alleged to be suffering from this cause were frequently brought to the institution. They were, in nearly or quite every instance, visibly under the influence of ardent spirits; the remedy then advised by authoritative men and the employment of which was warmly seconded by tavern-keepers. It was the unanimous conviction of those who attended them at the hospital that their symptoms indicated disease of the brain, and, probably, congestion, rather than the spasmodic affection of the stomach described by Dr. Rush. This last, however, he had seen, but in very few instances. The cephalic cases received little other treatment than rest, silence, a gloomy room, cold to the head, mild stimulants to remote parts of the skin, laxatives, and a cool, abstemious, and sedative diet. The impression on his mind was that there was almost entire success. He had not examined the hospital records on this point, but he had no clear recollection of any death in such a case. Their patients of this class were generally young and in the vigour of life.

It had often struck him how exact a reverse to what might have been expected really took place when the use of ice became popular in Philadelphia. When the luxury was first made abundant and cheap in our city, the greatest terror of destructive effects from excess in its use by the young, ignorant, and imprudent, was almost universal; and the newspapers were thickly bestrewn with remonstrances against the imagined frequency of suicide by ice cream. Thus, while cold refreshments were few and moderate, they were charged with the production of sickness and with manslaughter; while, since they have become abundant and really excessive, the danger appears to have been forgotten.

*August 4. Foreign Body in the Ear.*—Dr. CORSE read the following report of a case of this :—

A little girl, aged 7 years, daughter of Simon King, was brought to my office with something in her ear. She had been to several physicians already, and the meatus auditorius externus was swollen, bloody, and inflamed. On examination by speculum, I was at first inclined to the belief that the parents were mistaken as to the existence of a foreign body in the ear; but they assured me that the object had been distinctly seen, and the little girl said it was a stone.

On further examination by means of a probe, I could feel a hard body at the bottom of the canal; and on further inquiry, I was informed that her ear had been pulled at very much, and that a considerable amount of blood had flowed from it. I then supposed the membrana tympani to have been ruptured, and that the hard body felt was the petrous portion of the temporal bone, for the probe did not cling to it as to a stone, or bone denuded of its periosteum. I have since been led to suppose that the slippery feel was due to blood coagulated or encrusted on the stone. I made efforts to move the body with a probe, but it was immovable. After a close and attentive examination, I was unable to make up my mind satisfactorily as to the precise

nature of the case. The patient having a furred tongue and constipated bowels, I directed a purge and other treatment to keep down inflammation, and ordered the ear to be gently syringed several times a day with lukewarm water, requesting her to return to me the next day.

On their return, they informed me that a stone had been put into each ear while at play; and on examination of the other ear, I found truly a hard white body near the middle of the meatus. I cautiously tried to get a pair of forceps on it, but it constantly slipped from the grasp, and was soon at the bottom of the meatus. Mortified with my failure, I ceased my efforts, and directed the parents to return the next day, to continue the antiphlogistic treatment of the inflamed ear, and do nothing at all to the other one.

I was satisfied there was a foreign body, hard and round, in the ear, which filled the canal, or so nearly filled it that no forceps I was acquainted with could pass down on each side; it therefore became necessary to adapt some instrument to the case, and I drew a diagram of this instrument, which Mr.



J. H. Gemrig, surgical instrument maker, Eighth Street, below Chestnut, has made for me. It consists of two blades and a fulcrum, the latter being separable from the former. Each blade should be  $2\frac{5}{8}$  inches long,  $\frac{3}{16}$  of an inch wide, and laterally curved so as to form a segment of a cylinder  $\frac{1}{4}$  of an inch in diameter, in order that it would apply to the sides of the auditory canal. The blades should not be more than  $\frac{1}{4}$  of a line in thickness. At first glance, this may seem too thin; but when the cylindrical shape is remembered, it is easy to perceive that the strength is thus greatly increased, while the small space we have to operate in renders a thick blade entirely useless. There should be a slit in each blade, at the outer end,  $\frac{3}{4}$  of an inch long, and  $\frac{1}{2}$  a line wide, for the shank of the button on the fulcrum to slide in. The fulcrum must be adapted so as to be movable, and have a button on each side adjusted to the slits in the blades, and thus secure them, as well as operate as a fulcrum. It must be  $\frac{3}{16}$  of an inch in diameter, in order to separate the outer ends of the blades, and at the same time close the inner ones, and by this means more effectually clasp the foreign body. The blades ought to be graduated, in order to know how deep they can be inserted, lest they be pushed through the membrana tympani.

In using this instrument in very difficult cases, a blade must be applied anteriorly first, because the anterior side of the canal has a slight convexity, which makes it necessary for the outer end of the blade to be thrown strongly back, in order for it to pass the foreign body if large; then, by straightening it up, the body will be somewhat moved from the membrana tympani, and the danger of injury to it avoided. The other blade may then be applied posteriorly, and not pushed quite as low down as the first one. The fulcrum

may then be applied; and to do so, the ends of the blades must be separated, and the fulcrum laid in the hollow and slid down until the buttons are locked in the slits on each side; then making pressure in the middle, with a gentle to and fro movement, the body may be withdrawn.

In appreciating the utility of this instrument, the shape of the cavity must be referred to. The meatus auditorius externus is described as an ovoidal canal about one inch long and three lines in diameter, part bony and part membrano-cartilaginous, and curved. It is somewhat constricted in the middle, and lined throughout by a membrane, which crosses the internal extremity obliquely and closes it, and constitutes the membrana tympani. The external extremity of the canal is overhung by a part of the external ear. It will be readily perceived that a foreign body of any considerable size, that passes the middle of the canal, will be much more difficult to remove, on account of the narrowing in the middle.

Dr. COATES remarked upon the difficulty, and the best mode of extracting foreign bodies from the meatus auditorius. The danger of injuring the membrana tympani rendered all instrumental interference more or less objectionable. He had thought that quicksilver might be employed with caution for the purpose; and he would now make the suggestion, as one of an expedient, at least, worth the trial. A small quantity only should be used, just enough to float the intruding body, without injuriously pressing on the membrana tympani. The only objection that he was aware of, was the possible existence of an opening in the membrane. Such an opening, however, would rarely occur; and might generally be suspected, when present, from previous symptoms which would be ascertained by inquiry.

Dr. CORSE thought that the quicksilver might answer for living insects, and for bodies not firmly impacted. He had removed the latter, and dead insects by means of strong jets of water from a good-sized syringe with a very slender nozzle, in the usual way. Insects, however, on account of the insufferable noise and pain occasioned in the ear, are generally killed with oil, and in dying fasten themselves with their claws, so as to be not easily detached. The quicksilver would be apt to fail in such cases. Dr. CORSE then dwelt at some length on the difficulties in the efficient use of the ordinary instruments.

*Uterus taken from a Patient who had died, of Acute Disease of the Brain, whilst Menstruating.*—Dr. W. W. GERHARD exhibited this specimen, and gave the following particulars of the case:—

Elizabeth Cook, æt. 25 years; English; married 7 years ago; has had two miscarriages and one still-birth; subject lately to menorrhagia, the discharge returning profusely every two weeks. She died of apoplexy, in the Pennsylvania Hospital, during one of her menstrual periods.